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# STATE OF SOUTH DAKOTA

# Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

| 1. TITLE OF NEWSPAPER | | 2. DATE OF FILING |
|---|---|---|
| Isabel Dakotan | | 9-29-03 |
| 3. FREQUENCY OF ISSUE | 3A. NO. OF ISSUES PUBLISHED ANNUALLY | 3B. ANNUAL SUBSCRIPTION PRICE |
| Weekly | 52 | 21 in state - 23 out of state |

4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers)
403 N Main Box 207 Isabel, S.D 57633

5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers)

6. FULL NAME OF PUBLISHER:
Barbara Bergeman

7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.

FULL NAME — COMPLETE MAILING ADDRESS

8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.

| 9. EXTENT AND NATURE OF CIRCULATION | AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS | ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE |
|---|---|---|
| A. TOTAL NO. COPIES (Net Press Run) | 700 | 700 |
| B. PAID AND/OR REQUESTED CIRCULATION<br>1. Sales through dealers and carriers, street vendors and counter sales. | 25 | 25 |
| 2. Mail Subscription<br>(Paid and or requested) | 571 | 571 |
| C. TOTAL PAID AND/OR REQUESTED CIRCULATION<br>(Sum of 9B1 and 9B2) | 596 | 596 |
| D. FREE DISTRIBUTION<br>1. BY MAIL, CARRIER OR OTHER MEANS | | |
| 2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES | 12 | 12 |
| E. TOTAL DISTRIBUTION (Sum of C, D1 and D2) | 608 | 608 |
| F. COPIES NOT DISTRIBUTED<br>1. Office use, left over, unaccounted, spoiled after printing | 92 | 92 |
| 2. Return from News Agents | 0 | 0 |
| G. TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A) | 700 | 700 |

SIGNATURE AND TITLE OF PUBLISHER, BUSINESS MANAGER OR OWNER

**I swear that the statements made by me above are correct and complete.** Barbara Bergeman

**State of South Dakota** )
§
**County of** Lawrence )

**(Seal)**

Sworn to before me this 29th day of December, 2003

Bonnie M. Boysen
Notary Public

My commission expires 7-21-2008

Form: SOS REC 051 12/00